



**STATE USE ONLY**

**CC** \_\_\_\_\_

**PRWORA** \_\_\_\_\_

**BG Check** \_\_\_\_\_

**SID** \_\_\_\_\_

**Results**

<b>Date</b>	<b>W</b>	<b>P</b>
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**Processed by** \_\_\_\_\_

**Trans No.** \_\_\_\_\_

Form # L-01 Revised 5/01

**Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest, and including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4? YES \_\_\_\_\_ NO \_\_\_\_\_**

**Are there any criminal charges currently pending against you? YES \_\_\_\_\_ NO \_\_\_\_\_**

*(You must answer these questions or your application will be returned.)* If yes, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports. If you have any convictions or charges pending outside of California, you must submit to both a DOJ and FBI criminal history check.

**Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked or placed on probation, or are you under investigation at this time? YES \_\_\_\_\_ NO \_\_\_\_\_** *(You must answer this question or your application will be returned.)* If yes, **you must enclose** with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

I hereby certify under **penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to paramedic licensure in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any employer, agency or any other person for information related to my role and function as a paramedic in California.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE NUMBER:** Home ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ **Work** ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

#### **INSTRUCTIONS FOR SUBMITTING PARAMEDIC LICENSE APPLICATION**

- Fill in all requested information on the front and back of this application and sign and date the application in ink. **All incomplete applications will be returned.**
- Attach a copy of your course completion certificate or check the box on the front of the application that you will submit a copy when course completed.
- Attach the second copy (once you have had your fingerprints done) of the Request for Live Scan Service form (BCII 8016). A list of Live Scan locations can be accessed through the DOJ website at [www.caag.state.ca.us/app](http://www.caag.state.ca.us/app). Refer to the Instructions for Completing Live Scan Application Submission Form for completion of the form.
- Fill in pages 1 and 3 of the Statement of Citizenship form (IS-01) and submit it along with one piece of required documentation as described on pages 4 through 8 of the IS-01 form. (Note: documentation must be original or accompanied by a notarized statement as described in the cover letter for the IS-01 form.)
- Send your application, course completion certificate, copy of Request for Live Scan Service form, and IS-01 form with the required documentation to the address listed on the front of this application with a check or money order in the amount of \$180.00 made payable to EMS PERSONNEL FUND (this includes the initial license fee of \$175.00, and \$5.00 for the State Licensing Match System [SLMS] fee). **Do not send cash.**
- You may still submit a completed fingerprint card(s) (FD-258). However, this will delay the processing of your paramedic license application up to 30 days while DOJ processes the background check. To avoid this delay, you may submit your fingerprint card(s) to DOJ before sending your license application to the EMS Authority. If you do this, please be sure that all required information is completed on the fingerprint card (refer to the Instructions for Completing Fingerprint Card), and submit it with a check or money order for \$42, (or \$66 for both a DOJ and FBI background check, to the Department of Justice, Applicant Expedite Service, PO Box 903347, Sacramento, CA 94203.